

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101 590,208
APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15						
16						
17						
18	0					
19	0					
20						
21	/					
22	/					
23						
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33						
34						
35						
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	19					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56						
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	23	←	←	←	←	←
TOTAL CLAIMS	26					